| HTE# <u>08-5-</u> | 1ett County Department of Pul Health 20062 | |
|--|---|--|
| PERMIT # 245 | 0 | |
| 1 LINIII # 210 | New Installation Septic Tank Repair Nitrification Line Expansio | |
| | | |
| Name: (owner) | DAVID KIFIN SUBDIVISION DUNCAN INDUSTRIE LOT # 9 | |
| | DENNIS MEDITAL Registration # | |
| Basement with plumbir | | |
| | □ Community □ Public □ Well Distance from well feet | |
| | To pre Justin System Company of Types V and VI Systems expire in 5 years. | |
| (In accordance with Ta | Owner must contact Health Department 6 months prior to expiration for permit renewal. | |
| This system has been installed | ed in compliance with applicable North Carolina General Statutes, Rules for Sewage Treatment and Disposal, and all conditions of the Improvement Permit and Construction Authorization. | |
| | | |
| | ple / Contractor Stanties | |
| | JOB WITHOW TO Permit IN HAND. Set TANK in DEFFORT | |
| | Yeunt Faltand. | |
| * | Permit In Hand. Set TANK in DIFFERS WAY-STARTED DRAINCE | |
| ~ | MAY-STARTED DRATALE AT OPPOSITE encl as per | |
| | So Politica and in the second second | |
| | 3 to Continue | |
| | to shot its | |
| FULL STORAGE ON | | |
| RITHERT CANES | | |
| A CONTRACTOR OF THE CONTRACTOR | | |
| 1,1,8,4 | | |
| 1 3t 40 Jan / | | |
| 1 comper / 35"/ | | |
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| / 1/16 | | |
| | | |
| | CUI SAC | |
| | (Hung) | |
| DERVIT COURTIONS | (42) | |
| PERMIT CONDITIONS: I. Performance: | System shall perform in accordance with Rule .1961. | |
| I. Performance: II. Monitoring: | As required by Rule .1961. | |
| III. Maintenance: | As required by Rule .1961. Other: | |
| | Subsurface system operator required? Yes No | |
| IV 0 | If yes, see attached sheet for additional operation conditions, maintenance and reporting. | |
| IV. Operation: | | |
| V. Other: | | |
| | | |
| Following are the spec Type of system: | cifications for the sewage disposal system on the above captioned property. Conventional ☑ Other 25 % アルト・マン・・・ Septic Tank: 1000 gallons Pump Tank: gallon | |
| Subsurface | No. of exact length width of death of | |
| Drainage Field | ditches of each ditch feet ditches feet ditches inches | |
| French Drain Required: | : Linear feet | |

mes E Marhantons Authorized State Agent Date